

Certificate of State Board Registration

Professional License No			
his is to certify that each of the po	ersons named below, as incorporator	rs and/or shareholders of a prop	osed Professional
Corporation named	Name of Corpo		
	Name of Corpo	ration	
re duly licensed or registered to p	ractice the profession of	Name of Pro	ofession
n the State of Missouri with			
if the State of Missouri with	Name of Boo		
Name of Incorporator	Registration or License Number	Date Licensed or Registered	Address– City or Town
The above name(s) of Incorporator	(s) are hereby approved by this Stat	e Board.	
uthorized Signature of State Board	Printed Name	Title	Date
Name and address to return filed	document:		
Name:			
Address:			
City, State, and Zip Code:			